

The special attention of physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 871 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st June 29th 1887

Full Name of Deceased, Charles L. Hamilton
 Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, (Cross out the word not required in this line.)

Age, Years, 14 Months, 5 Days.

Color, Col.

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birth Place, (State or country, and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, (Give Street and Number.) 742 Robey str.

Cause of Death, (First (Primary), Second (Immediate),

Detention

Convulsions

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3 1887

Undertaker, William J. Ticeout, M. D.

Medical Attendant.

Place of Business, (50 East St.) Address, 836 W. Baltimore str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 872 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, Eighth Months, Seven Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 4, 1887

Undertaker, Bernard Harle

Place of Business, 115 West St.

July 20 1887
Gertrude Miller

Female

White

✓

Baltimore

Life

1519 S. Charles St.

Hydrocephaloid
Convulsions, Circa

Address,

105 N. Curriey St.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 878 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

July 2nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles C. Tracy

Sex, Male or Female, { Cross out the word not required in this line. }

Male (Male)

Age, 1 Years,

6 Months,

Days.

Color, Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baller City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

rice birth

Duration of Residence in the City of Baltimore,

for Tracy & Co

Place of Death, { Give Street and Number. }

Last residence

Cause of Death, { First (Primary),

Scalp desco

Second (Immediate),

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial, Bachman's Crem

Date of Burial, July 4th, 1887

Fohlner M. D.

{ Undertaker, A. Fink & Son

Medical Attendant.

{ Place of Business, No. 915 Gay St.

Office of Police Dept.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

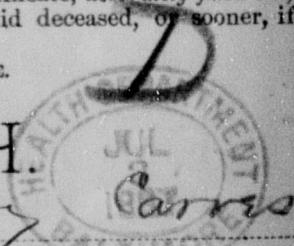
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 874 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 2nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Belle Carnes

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, ✓ Years,

✓ Months, 24

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Balto city

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

907 N. Wolfe st.

Place of Death, { Give Street and Number. }

Quaintance

Cause of Death, { First (Primary),

Convulsions.

Second (Immediate),

Duration of Last Sickness,

4 days.

All the above information should be furnished by the Physician.

Place of Burial,

Old Methodist

Date of Burial,

July 3rd 1887

Dr. B. Leigh

M. D.

{ Undertaker,

B. Fink & Son

Medical Attendant.

{ Place of Business,

915 N. Gay St.

Address,

920 W. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 875

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sadie A. Briand

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

8

Months,

Days.

Color,

Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Cholera

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1314 Orleans St

Cholera

Cause of Death, { First (Primary),

Second (Immediate),

Exhaustion

Duration of Last Sickness,

3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, July 3rd 1887

Geo. F. Taylor

M. D.

Undertaker, William Dungee

Medical Attendant.

Place of Business, 150 East St

Address, 928 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 876 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 2^d

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Arthur Rose

Sex, Male or Female, { Cross out the word not required in this line }

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Life

Duration of Residence in the City of Baltimore,

No 623 Sharp st

Place of Death, { Give Street and Number }

Cholera in autumn

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, Bel Point Cemetery

Date of Burial, July 4

Undertaker, Jacob A. Hirsch

Dr. D. W. Kirk

M. D.

Medical Attendant,

Place of Business, 626 W. Baltimore

Address, 400 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

A Permit No. 877

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. Klein & Schell

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

S

Occupation,

Baltimorean

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Dying Life

Duration of Residence in the City of Baltimore,

1708 Hanover

Place of Death, { Give Street and Number. }

Cholera Infantum

Cause of Death, { First (Primary),
Second (Immediate), }

2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sedes Will Cemetery

Date of Burial, July 4th 1887 C. A. Coker M. D.

{ Undertaker, Ernst Schleman Medical Attendant.

{ Place of Business, 1039 Hanover Address, 104 Fort and

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 878 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 2d. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. Miller.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baker.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } No. 1 George St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.
Exhaustion.

Duration of Last Sickness, 3 weeks - better and worse.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonse's

Date of Burial, July 4th 1887 R. H. Goldsmith M. D.

Undertaker, R. H. Goldsmith

Medical Attendant.

Place of Business, 916 W. Garfield Address, Wolensav. & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 879 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry C. Stahm

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 11 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 1216 Canton St

Cause of Death, { First (Primary), Diphtheria
Second (Immediate), }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, July 4 1887. S. Jones William M. D.

Undertaker, John Henwig

Medical Attendant.

Place of Business, 2008 Orleans Street, 2426 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 6

Permit No. A 800

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna B. Patzold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 1639 Orleans St

Cause of Death, { First (Primary), Apoplectic condition of the brain
Second (Immediate), Paralysis }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 4th 1887

{ Undertaker, John Horwitz M. D.
Medical Attendant, Merton N. Taylor
Place of Business, 2003 Orleans Address, 600 N. Broadway



Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER]